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ABSTRACT

This chapter from a North Dakota guide for early childhood special education personnel focuses on program planning for young children with special needs. Following an introduction, the first section presents the North Dakota program guidelines, including eligibility of students, an explanation of the approval of services process, a description of the service delivery system, and recommendations regarding transition and size of enrollment/ caseload, and use of support personnel. Following these guidelines, there is a discussion of family services, both required and supplementary. The following section addresses program services in terms of provisions for meeting least restrictive environment requirements, and the service delivery system. Guidelines are then offered for the individualized education program (IEP) planning process with emphasis on those components which differ from the IEP that is developed for children who are of school age. Team decision-making relative to service in the least restrictive environment (LRE) is addressed, with alternative procedures and examples suggested. A sample LRE planning worksheet is offered. Appendices include: crosswalk for reporting service settings and amount of time by service setting on the SPECIS Record Entry Form and IEP; definitions of eligibility; and an alternative procedure to identify the most apropriate learning environment. (DB)

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ED 418 519

EARLY CHILDHOOD SPECIAL EDUCATION FOR CHILDREN WITH DISABILITIES, AGES THREE THROUGH FIVE: PROGRAM PLANNING

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INTRODUCTION

This section includes distinct but interrelated components. First, the North Dakota program guidelines are presented, including eligibility of students, a description of the service delivery system, and recommendations regarding caseload and use of support personnel. Following the program guidelines is a discussion of services to families - both required and supplementary options. Finally, guidance in the individualized education program (IEP) planning process is described, with emphasis given to those components that differ from the IEP that is developed for children who are of school age. Directions for completing a SPECIS Record Entry Data Form is included. An extensive discussion of team decision-making relative to service in the least restrictive environment is presented, with alternative procedures and examples offered to the reader.

NORTH DAKOTA PROGRAM GUIDELINES

1.0 **ELIGIBILITY OF STUDENTS:** A comprehensive, multidisciplinary assessment must be completed for each child suspected of having a disability under Individuals with Disabilities Education Act (IDEA). This assessment will provide information from all areas of a child's functioning (e.g., medical, cognitive, developmental, social/emotional). Relevant family and environmental information will also be gathered. This information will be used to identify a disability under IDEA and establish the need for specially designed instruction.

1.1 Disability categories are identified in IDEA (34 C.F.R. 300.5(a)) and NDCC 15-59-01(2). Disability categories are: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury and visual impairment. The definitions of the disability categories are contained in Appendix A.

1.2 Identified children with disabilities are eligible for services under IDEA beginning on their third birthday. (NDCC 15-59-01(2), definition of a child with disabilities.)

1.3 Children receiving Early Childhood Special Education (ECSE) services must be three years of age through five years of age. (NDCC 15-59-01(2), definition of a child with disabilities.)

1.3.1 Children who turn age six after the current school term has begun may receive ECSE services throughout the school year, as determined by the individualized education program (IEP) team's decision that such services are appropriate.

1.3.2 Children who are six years of age enrolled in kindergarten programs and in need of special education and related services will receive those services from personnel serving the school-aged students.

1.3.2.1 Special education and related services that are coordinated by a school case manager may be implemented in an ECSE setting if determined appropriate by the IEP team.

1.4 Children receiving ECSE services must have verification of updated immunizations in their special education student file (NDCC 23-07-17). It is recommended that this information be placed in the child's cumulative file housed at the school of residence.

2.0 **APPROVAL OF SERVICES**: A request to the Department of Public Instruction (DPI) for annual approval must be made for any ECSE services in the same way as for any other special education services.

2.1 An approved program of services must employ a teacher holding a North Dakota credential in the area of ECSE.

3.0 **SERVICE DELIVERY SYSTEM**: Individualized education services for young children with disabilities must be implemented in a variety of community, home and school settings. Least Restrictive Environment (LRE) decisions will be based on specific needs identified in the child's IEP as determined by the IEP team. The identification of the child's typical environment (place the child would be if he/she did not have a disability) serves as the point of reference as LRE options are addressed and decisions made. The following list of options, along with a variety of possible combinations, are all acceptable means to deliver a ECSE service within the context of LRE.

3.1 Services will be implemented according to strategies identified as most appropriate in meeting a child's individual needs. Service options fall under one of three categories:

3.1.1 **Direct Instructional Services** include children who receive special education and related services in individual, small group and large group instructional services implemented within targeted instructional settings by credentialed teachers, paraprofessionals, child care providers, and parents. The "characteristics of service" section of the IEP is used to determine which activities in the child's day within the home or preschool environments qualify for the total number of hours per week. The following criteria must be addressed.

3.1.1.1 In center programs where a child is being taught through large or small group instructional activities in preschool, kindergarten, or child care facilities, there must be specific educational outcomes for the child concurrent with his/her involvement in that specific activity. These outcomes must be delineated in the child's IEP and.

3.1.1.2 When the parent, child care provider or paraprofessional works directly on activities as identified in the IEP, inservice training must have occurred.

3.1.1.3 Home programs, in cases where the parent is implementing activities within the home environment which are to qualify as direct service interventions, must be described in the IEP to involve adapted routines or specially designed instructional procedures and contain specific educational outcomes for the child in the targeted instructional areas.

3.1.2 **Indirect Services** include the amount of time spent by educational and related service personnel in observing the child in any of the targeted instructional environments, assessing the child, providing inservice training to parents and other team members, and providing consultation with parents and other team members.

3.1.3 **Related Services** include the amount of time spent in individualized and small group therapy sessions within any of the targeted learning environments. This includes physical therapy, occupational therapy, communication therapy, and itinerant instructional services by credentialed personnel in targeted area(s) of the child's disability. Such services may be appropriate when supportive therapies are needed to enable a child to gain from special education services.

3.2 Service delivery settings are determined according to the child's needs. The following settings are options to be considered.

3.2.1 **Homebased Services** include children who receive special education and related services in the principal residence of the child's family. These services provide direct intervention to the child in the home environment through the use of daily functional activities and routines. Therefore, serving children in a homebased setting involves both parent training and direct interventions with the child. Homebased services may be appropriate because of the specific nature of the disability, the young age of the child, or family needs.

3.2.2 **Early Childhood Settings** include children who receive at least 80 percent of their special education and related services in community-based settings designed primarily for nondisabled children. This may include, but is not limited to, public or private preschools, child care centers, family day care, preschool classes offered to the entire 3-4 year old population by the public school system, or combinations of early childhood settings. These services provide direct intervention to the child in his/her typical day-to-day environment through the use of daily activities adapted to meet the child's developmental needs. Community-based services may be appropriate when a child lacks the ability to interact in an age-appropriate

setting because of weaknesses in socialization, interaction and language development.

3.2.3 **Combined Early Childhood/ECSE Services** include children who receive 40 to 79 percent of their special education and related services in educational programs designed primarily for non-disabled children. This may include, but is not limited to, home/clinic combinations, pull-out programs, or any other dual placements in which the child receives 40 to 79 percent of special education services in the home or in an early childhood setting with non-disabled peers, and the remainder of special education services in a setting apart from non-disabled peers. Combinations of services may be appropriate when the child has complex developmental needs requiring direct instruction including related therapies.

3.2.4 **Early Childhood Special Education Classroom** includes children who receive 61 to 100 percent of their special education and related services in a separate class that is housed in a public or private school building, and in which the children are in a non-integrated program.

3.2.5 **Separate Day School** includes children who are served in publicly or privately operated programs set up primarily to serve children with disabilities who are not housed in a facility with programs for children without disabilities. Children must receive special education and related services in the separate day school for 50 percent or more of the time served.

3.2.6 **Residential Services** include children who are served in publicly or privately operated programs in which children receive care for 24 hours a day. This could include placement in public nursing home care facilities or public residential schools.

3.2.7 **Homebound/Hospital Services** include children who receive special education and related services in their home or in a residential medical facility. This placement is required because of the medical and health concerns that limit the child's ability to attend a school or community based program.

3.2.8 **Itinerant Services Outside the Home** includes children who receive all of the special education and related services at a school, clinic, or other location for a short period of time in individual or small group formats.

3.2.9 **Reverse Mainstream Setting** include children in programs utilizing reverse mainstreaming, the general education portion of the day can consist of that time of the day during which non-disabled peers are brought into the special education preschool classroom as long as the ratio consists of 50 percent or greater of nondisabled peers.

4.0 **TRANSITION:** There are two critical transition phases for children in ECSE services. Individual child needs are reviewed through a transition process to determine the most appropriate services when they are referred for ECSE services from Infant Development Programs or other community early intervention programs. The other transition process occurs as children move out of ECSE programs and are enrolled in school programs. There transition processes are described in detail in the Transition Section of this guide.

5.0 **SIZE OF ENROLLMENT/CASELOAD:** The multiplicity of needs of the individual child and the additional support services necessary for each child will determine the number of children served in any particular setting by any one case manager. Actual time allotted for services will be identified on a per child basis on the individualized education program.

5.1 The Department of Public Instruction recommends the following:

5.1.1 Special education personnel providing services to children shall consider setting options including homebased, community, individual/small group and/or a combination of these. Individual teacher caseloads will vary depending upon the nature of the setting(s). Caseloads may range from 6 to 20 children. It is important to remember that caseloads are based on number of contact hours and not the number of children.

For example, a child in direct instructional services receives approximately 2 to 2 1/2 hours of service per day. Using this as a basis for homebased services, a case manager would be able to serve a minimum of two children per day, five days a week, equaling 10 children.

A teacher serving children in combined settings will need to consider the range of indirect contact time needed. Time must also be allotted for collaborative planning, team teaching, observation, and data collection. In a combined setting where both direct and indirect services are implemented, teacher case load size will increase in relation to the amount of indirect service (the more direct service, the fewer children on each caseload). If all children on a teacher's caseload

received indirect services, a typical caseload may range from 15 to 20 children.

5.2 If a child enters services needing more than the minimum of contact hours, a case manager's caseload would need to be decreased or personnel added.

5.3 Support services personnel qualified in one or more area of disability will be required to assist in the provision of appropriate services as identified in the child's IEP.

5.4 Aides may be employed dependent upon the service needs of individual children.

SERVICES TO FAMILIES

Parent involvement in the young child's educational program is essential. Parents and siblings have provided and will continue to provide for the child's needs before, during, and after placement in the preschool program. Bronfenbrenner noted that "the family is both the most effective and economical system for fostering the development of the child." This is true in that (1) family members are the primary teachers during the child's first years of life, (2) interventions by family members occur in the natural environment and across settings in that environment, thus improving chances that learning will generalize, and (3) family members are the only persons who will remain members of the child's intervention team during subsequent transitions. It is imperative that parents be offered opportunities to develop intervention skills that will empower them to adequately address their child's educational needs over the years in the areas of growth and development, advocacy, exercise of rights, assuring appropriateness of educational programs, decision-making, and home and community integration.

FAMILY INVOLVEMENT

The Individuals with Disabilities Education Act, Part D (IDEA-D) guarantees parent participation in decision-making regarding the child with disabilities. This basic level of involvement assures parents the right to participate as active team members in the multidisciplinary team decision-making regarding the child's eligibility for special education services and in developing the child's individualized education program (IEP). (See Figure PP-1.) This involvement begins with the first contacts made with the family either by the referring source (e.g. a physician or agency personnel) or by the program staff when a referral is received. Sensitivity and support on the part of professionals can set the tone for an effective and successful program for the child as well as a positive working relationship with the family's participation in the multidisciplinary team's decision-making process. Empowering parents of diverse backgrounds is critical. The parents are in the best position to clarify for staff members whether assessment results are typical patterns of behavior, to give information about medical or other relevant factors in the child's development, and to provide other observations of the child not available to the staff in assessment situations.

In the development of the child's individualized education program (IEP), parents and other family members will provide input on priority targets for programming, assist in determining methods that might work, suggest interventions to be carried out in the home, or provide information on motivational, health, and social-emotional variables.

In addition to planning for the child's individual needs, *plans for individual families* may be developed in the IEP planning process based on the family's goals and needs. An individualized plan for a family's involvement should incorporate the unique needs of the family and recognize that the family's role is central to the child's development. An individualized plan for the family may involve goals that relate to the child with

FAMILY INVOLVEMENT

Multidisciplinary Team Membership
- providing assessment information
- planning the child's IEP
- making eligibility decision

Individualized Family Program

Ongoing Communication

Participation in intervention activities
- observing child's behavior
- monitoring child's progress
- implementing intervention strategies
- evaluating child's progress

Supplementary Options

FAMILY EDUCATION SERVICES

Information Exchange
- about the child's disability
- about the program
- about parent rights, laws, regulations

Education Program for Families
- knowledge needs (information on disabilities, available community services, parenting issues, etc.)
- skill needs (e.g. how to carry out specific interventions in the home, how to access agency services and resources, etc.)

FAMILY SUPPORT SERVICES

Ongoing communication

Support Groups
- for parents
- for siblings
- for extended families
- community

Counseling

Agency Services
- medical
- social
- economic
- educational
- respite care

Figure PP-1. Services to Families

disabilities and goals that relate to the family's meeting other needs. For example, a family's goals might be (1) to integrate an intervention into the family's daily routine, such as reinforcing language and fine motor skills while bathing the child; (2) to access resources to obtain an alternative communication system for the child; (3) to find a more rewarding part-time job for the mother; or (4) to enroll siblings in a workshop on play with a brother or sister with a disability.

An important aspect of family involvement is ongoing communication among team members. Ongoing communication is critical for a young child whose physical health may be unstable or who is undergoing rapid developmental changes that necessitate program changes. Family involvement in the child's program may also be encouraged through parent participation throughout all aspects of a child's intervention plan.

SUPPLEMENTARY OPTIONS IN FAMILY SERVICES

Basic levels of family involvement in the young child's educational program include family education and family support services.

Family education provides information that addresses the family's knowledge and skill needs. Information directed at the family's knowledge needs might cover topics such as characteristics of the disability, available community resources, parenting issues, organizations for parents of children with disabilities, and so on. Topics in the area of skill needs might address how to access agency services and resources, carry out specific interventions, set up a trust fund for the young child, or manage specific behaviors. Knowledgeable parents may act as resources to other parents as they share their own experiences and what they have learned about having a young child with disabilities.

The second type of supplementary service, family support services, may be provided as part of the program's family services component or may be accessed through other agencies or programs. Ongoing communication, as previously described, provides a basic level of support to families. In addition, family support services may be provided through group activities for family members (e.g. siblings, parents, or grandparents), the natural support system of extended family members and friends, counseling services, or agency services (i.e. medical, social, economic, or educational services or respite care).

GUIDELINES FOR FAMILY SERVICES

The addition of a child with disabilities to a family has a significant impact on the entire interactional system of the family. Consideration of some basic guidelines in serving families can enhance the quality of services provided to the young child and the family, and facilitate communication between the program staff and the family.

In communicating with a family, professionals need to listen and support the family members, keeping in mind that families may react in different ways at different times. They must be sensitive to the parents' fluctuating emotions and responses regarding their child.

There are many societal expectations and pressures on the family to raise their child to conform to cultural patterns. The culturally different family may require

special support as they face systems that do not acknowledge these differences.

Parents may appear disinterested, overprotective, rejecting, or guilt ridden, but it is extremely important that professionals reserve judgment until they have a clear understanding of situations, especially when economic or cultural factors distinguish parents from professionals. Making assumptions may hinder communication and development of a trust relationship between the family and professionals. Parents can often sense that they are being negatively evaluated even though this is not communicated verbally.

Professionals need to communicate clearly using everyday language. Parents should be encouraged to clarify their understanding of what is being conveyed and to ask questions when something is ambiguous. Parents need time and assistance to understand the significance of information presented to them by professionals.

The family's specific knowledge about the child should be solicited and utilized. They should be involved in assessing the child's strengths, in setting goals and determining intervention methods, and in evaluating success.

The extended family and immediate community can be educated about disability conditions through printed materials, media, support groups, or agency programs. Encouraging extended family members and friends to offer practical and emotional support can help families of children with disabilities reduce social isolation and enhance community understanding of the needs of children with disabilities and their families.

PROGRAM SERVICES

In programs for young children with disabilities, critical consideration must be given to providing the following services: assessment, educational programming, related services, parent education, family support services, transitional services, and consultation. Program staff must have competencies in each of these areas as well as the ability to work effectively on a team in assessment, planning, daily service delivery, and ongoing program evaluation and planning. An effective team effort leads to a better integrated program for the child, with all personnel aware of and working toward the same objectives.

PROVISIONS FOR THE LEAST RESTRICTIVE ENVIRONMENT

To ensure that a child's placement will always be made in the least restrictive environment (LRE), procedures must be developed to address the following requirements.

1. Alternative settings and delivery modes must to be made available so that each child's education will be appropriate to his or her individual needs. The alternatives must include whatever is needed to carry out the agreed upon individualized education program for each child enrolled in early childhood special education services.

2. Safeguards to take into account in determining the appropriate setting and service delivery mode for each child include:

   a. alternative settings and delivery modes are determined at least annually.

   b. alternative settings and delivery modes are based on the child's IEP.

   c. the setting for the program/service is as close as possible to the home of the child.

   d. before concluding that the child requires a special setting, all possibilities should be considered for engaging supportive services that would enable the child to receive services in a setting with children who do not have disabilities. If the nature and severity of the disability is such that the child must be served in a setting apart from children who do not have disabilities, provisions that enable the child to interact as much as possible with age-appropriate peers must be identified.

SERVICE DELIVERY SYSTEM

Individualized education services for young children with disabilities may be implemented in a variety of community, home and school settings. The identification of the child's typical environment (place the child would be if he/she did not have a disability) serves as the point of reference as LRE options are considered and decisions made.

Within the LRE context, services may be direct or indirect. A full continuum of direct preservice options includes:

- homebased
- community based
- combined Early Childhood/Early Childhood Special Education
- individualized, small group, direct intervention
- residential
- in-patient hospital

Indirect services includes:

- observation
- assessment
- inservice training
- consultation
- technology based services

In situations where child care services, preschool programs or other early childhood services are not available or considered inappropriate within the local community, special education units may choose to develop reverse integration programs to assure that children with disabilities interact with age appropriate peers without disabilities.

In establishing reverse integration programs, specific administrative and programming considerations will be addressed by the local special education unit. These will result in written local policies and procedures. Programming considerations should include identification of a curricular approach appropriate for all children, ratio of children with disabilities to children without disabilities, registration procedures for children without disabilities and length of program day. Administrative considerations include but are not limited to additional fiscal factors, child care licensing issues, liability concerns, transportation responsibilities, staffing patterns, and program setting concerns.

When setting up a reverse integration program, school districts need to be sensitive to existing community child care programs, keeping in mind competition and variability in child care costs to families. It is important that school districts work with all community services to enhance collaborative programming.

INDIVIDUALIZED EDUCATION PROGRAM PLANNING PROCESS FOR EARLY CHILDHOOD SPECIAL EDUCATION

The North Dakota Department of Public Instruction has published a comprehensive guide that addresses the process that should be utilized for documenting the deliberations of the multidisciplinary team. In addition, it provides the recommended format for the Individualized Education Program (IEP). This manual, *Guidelines: Individualized Education Program Planning Process,* published in February 1995, contains the recommended process to use with preschool children with disabilities as well as school age students. Modifications pertinent to preschool children are addressed in this section. A one page alternative form for documenting the IEP form is attached as Appendix B.

This section highlights factors that must be addressed when preparing an IEP for a child in an Early Education Special Education Program. *Only those components that differ from the standard IEP are presented and discussed.* They include sections:

C. IEP Information - Federal Child Count Setting

D. IEP Planning Meeting

E. Present Levels of Educational Performance

F. Annual Goals, Short-term Instructional Objectives, and Characteristics of Services

J. Least Restrictive Environment

SECTION C. IEP INFORMATION - FEDERAL CHILD COUNT SETTINGS

Federal Child Count settings are listed in the IEP *Guidelines* document. They are also included on the alternative page five form for preschool IEPs. When completing the SPECIS Record Entry Form (Appendix B) for Child Count purposes, *note that the service settings do not match.* Although the IEP *Guidelines* document contains the service settings appropriate for use with preschool children, the SPECIS Record Entry Form contains only the service settings considered appropriate for students who attend school. A crosswalk must be used to facilitate the correct selection of the SPECIS service setting. A crosswalk describes new definitions for existing categories. The new definitions for reporting the preschool service setting selected on the alternative page five of the IEP form are then superimposed on the old categories contained on the SPECIS form. The crosswalk is contained in Appendix B and is also included on the back of the alternative page five of the IEP.

SECTION D. IEP PLANNING MEETING

Team members who must be involved include the administrator of the school the child will attend when he/she becomes school age, the child's current special education teacher(s), the parents, and a general education representative. It is imperative that consideration be given to selecting a general education

representative who is providing services to the child and to other children who do not have a disability. In the event that the child is not receiving any services outside the home, an early childhood professional providing services for other same age children who do not have disabilities should be identified and included as the general education teacher. This procedure will ensure that the curricular input from the general education teacher is maximized.

It is also vital to involve in the IEP process an administrator from the school the child will be attending when he/she is old enough to start kindergarten. The responsibility for the child's education is immediately placed on the neighborhood school. This ensures that the school personnel become knowledgeable about the educational and developmental needs of the preschool child. It affords the parents an opportunity to become familiar with the administrators of the neighborhood school and allows them to feel much more comfortable with the eventual transition process.

SECTION E. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

The present levels of educational performance (PLP) component addresses the child's unique patterns of functioning. It lays a foundation for the succeeding components of the IEP. Statements in the PLP should (a) address significant strengths and deficits, (b) be understandable to the parents and general educators, and (c) give the reader a clear picture of how the student is functioning in all relevant areas at the time the IEP is being written.

A critical concept relating to PLP that must be considered for the preschool age child is the counterpart to a general education curricular framework. The child's unique patterns of functioning should be compared against the prerequisite skills required, and the anticipated outcomes expected from the curricular source being utilized. Although there are many curricular sources available commercially, it is important to select a recognized system based on developmentally appropriate practices. Examples of widely used sources include the National Child Development Associate (CDA) credentialing curricular standards for child care settings, Head Start curriculum, preschool curriculum such as that sponsored by the Association for the Education of Young Children (AEYC), or, for older preschool children, an accepted kindergarten curriculum. This curricular framework is the basis for comparing the preschooler's performance with that of a chronologically same-aged peer without a disability.

Two components must be addressed relative to the curriculum reference that has been selected. The first consideration is how the impairment or developmental delay affects the child's ability to participate and make progress in the general education curriculum. The second consideration is how the impairment or developmental delay impacts the child's access to other developmentally appropriate activities. The curricular framework selected should serve as an outline in deriving the present level of performance. Assessment considerations, observational data, and parent input should then be included to provide the explanation and validation of the impact of impairments or developmental delays.

The reference to a developmentally based curriculum framework is always

required. When a home-based intervention program is most appropriate for a young preschool child, a standardized curriculum for home-based care should be selected. Although the critical components of these curricular sources vary somewhat, all contain essential curricular offerings such as the following examples from the National CDA in the following domains.

CDA Goals:

- Safe Environment
- Healthy Environment
- Creative Environment
- Cognitive Development
- Physical Development
- Communication Development
- Social Development
- Guidance
- Self Development
- Learning Environment
- Family Involvement

SECTION F. ANNUAL GOALS, SHORT-TERM INSTRUCTIONAL OBJECTIVES, AND CHARACTERISTICS OF SERVICES

The format for writing the annual goals and short-term objectives of the IEP is identical to that addressed in the *Guidelines* document. The characteristics of service sections will vary, however, since the service settings and educational needs are different. It is important to remember that the early childhood curricular focus must be retained. The characteristics of service section must address the parameters of the behavior or skill to be taught and the supports, modifications, and adaptations that are necessary for the child to develop the skill. The characteristics of service section provides the rationale for the service setting selected.

SECTION J. LEAST RESTRICTIVE ENVIRONMENT

A two page worksheet included in this guide can be utilized in identifying the learning environment that is most appropriate for instruction of a particular skill. The worksheet is designed as an outline to guide discussion during the IEP process. It facilitates an analysis of the instructional content and appropriate methodology. Completing the worksheet on every goal and supporting objectives is a time consuming process; therefore, it is intended as a training tool only. The thinking process will generalize after being utilized on a variety of content outcomes for children of various ages. Before discussion on the least restrictive learning environment can occur, teachers must have a thorough understanding of *what they intend to teach* and *why they want to teach* that skill. The IEP process does not require documentation of the logic and rationale. However, the methodology that is selected for designing the instructional program including the goal, objectives, and characteristics of service has direct implications for the service settings that will be necessary and appropriate to accomplish the goal. (An alternative procedure is contained in Appendix B.)

When the goal is established, a sequence of questions should be asked before writing the behavioral objectives. The four questions that should be considered initially are:

1. *What behavior or skill do I intend to teach?*

2. *Why is instruction in this skill necessary?*

This "why" question should be addressed by comparing the child's performance of the skill to that of other children of the same chronological age. The reference to the curricular framework is used to substantiate the child's need for instruction in that area. The discrepancy should be reported in the present level of educational performance so that it relates directly to the skill or behavior that is being taught.

3. *What are the parameters of the behavior or skill that is being taught?*

This third question addresses rationale or intent for teaching the skill. The property of the skill that is critical for instruction will determine the *type* of service necessary and consequently impact on the *location* of that service. There are three different properties of skills that must be considered:

a. **Topography** refers to the actual muscle movements necessary to perform the skill. When the child requires direct instruction on the basic movement patterns necessary to perform a skill, the instruction required is intensive, must be carefully graded, and must be implemented consistently. Usually one-to-one instruction is required.

b. **Force** refers to increasing the intensity or consistency of a skill. After a child has learned the topography of a skill, the next step is to increase the frequency, shape the quality, or build the strength of a skill. This is accomplished through reinforcing the skill when it is demonstrated utilizing a variety of different reinforcement strategies. A critical concept to consider when force is being addressed is the importance of utilizing naturally occurring learning environments that are motivating for the child. This will increase the likelihood that the skill will be performed independently.

c. **Locus** refers to the appropriate utilization of a skill. Pragmatics is a classic example of locus. For example, after a child has learned to ask questions, the next step is learning to ask questions for a variety of purposes: to seek clarification, initiate conversation, gather information, obtain daily living essentials, etc. Locus addresses the utility of a skill and the ability to transfer and generalize.

4. *In what service setting can the behavior be most appropriately taught?*

After thoroughly analyzing what the teacher intends to teach, why they need to teach it, and the parameters of the behavior, the next step is to address alternative service settings in which the instruction can be appropriately provided. To assist in identifying the learning environment that is most appropriate for each goal, another sequence of questions should be addressed for each of several alternative service settings:

a. What are the elements within this setting that make it an appropriate environment in which to teach this skill?

b. What are the variables that impact the appropriateness of that environment?

c. Would this environment be appropriate with the necessary supports?

d. Of all of the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching the skill?

The sequence should be completed for each of the subsequent alternative service settings until the team has arrived at the learning environment that appears to be the least restrictive and is the most appropriate for that skill.

The characteristics of service section provides the basis for the justification of the least restrictive environment selected for each outcome. The subsequent LRE section (page five) is a composite summary of the constituent environments selected.

To illustrate how this planning process occurs, a case study is provided in the following pages.

LRE PLANNING WORKSHEET: AN EXAMPLE

Behaviors of Concern:

Jonny, age 4, does not initiate interaction with other children, either verbally or nonverbally, and does not reciprocate interaction when other children approach him.

Curriculum Reference:

These skills are contained in the development checklist of social behaviors used for 3 and 4 year old children in the community child care facility. They are normally occurring skills in all children of 3 and 4 years of age with the topography and the locus of the response fully developed in its final form. The emphasis at this age is on force or expanding the quality of the response (longer length of verbalizations, more complexity, etc.) and to embed within the responses the targeted social and emotional behaviors such as politeness, sharing, empathy, etc.

Basis in Present Level of Educational Performance:

Jonny currently does not engage in interactive behaviors with other students while playing. He stands and watches others or engages in parallel play with objects but does not approach them or initiate interaction. Although he utilizes intelligible verbalizations while playing alone, he discontinues all verbalizations when other children approach him or are near him. When they approach him, he often just stands still and ignores them. If they offer him a toy, he reaches out, grabs it and then walks away. If the other children persist in their attempts to interact, he either tries to hit them or runs away.

Parameter of the Behavior Being Addressed:

Jonny demonstrates the required constituent components of the response (topography) including smiling, nodding, verbalizations, etc. He now needs to develop the locus of the response or utilization of the behaviors within the interaction paradigm. After he begins utilizing these behaviors appropriately to initiate and reciprocate interactive turns, the force or intensity, duration, and consistency can be shaped through reinforcement schedules.

Goal:

"Jonny will demonstrate age-appropriate interactive and communicative behaviors, utilizing appropriate verbal and nonverbal initiation and reciprocation skills while playing with other children of the same chronological age. This will enhance his life long communication and socialization skills across all environments."

Objectives:

"During a 15 minute free play opportunity, Jonny will initiate 5 contacts with peers utilizing an approach behavior such as walking up to another child, calling their name as an attention-getting mechanism, or establishing eye contact while simultaneously verbalizing...."

"During a 15 minute free play opportunity, Jonny will reciprocate interactions

initiated by others 90% of the time by establishing eye contact and either smiling at them or verbalizing a response ....."

Types of Activities That Will Be Needed:

Jonny will require opportunities to first learn the skills and then to practice the skills in normalized settings with other 3 and 4 year olds. Activities involving free play, sharing, and structured game time appear most appropriate.

Optional Service Settings: (address at least three)

There are a variety of service settings in which these activities normally occur. They include (a) the home environment; (b) child care setting; (c) Early Childhood Special Education classroom; and (d) a combination of Early Childhood Special Education classroom and child care facility. A discussion of each is provided.

a. Home Environment

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny's parents spend a great deal of time with him on play activities and sharing activities.

What are the variables that impact the appropriateness of that environment?

The difficulty encountered in this setting is that Jonny's only sibling is 16 years older and an adult. There are no other children who are regularly available to interact with him. The discrepancy in interaction is very significant and appears to be attributable to the disability in contrast to limited prior opportunities. This appears to be a skill that will require direct instruction rather than just reinforcing occurrences of the behavior. Although his parents are wonderful in providing him with opportunities, they have not been able to teach him these skills.

Would this environment be appropriate with the necessary supports?

To provide the needed instruction in this setting, several modifications to the environment would be required and then extensive support would be necessary. The first requirement would be a specialized teacher with experience in teaching interaction. This could be arranged by enrolling Jonny in the home-based component of the preschool program and having the qualified teacher teach the skills in the home. Another consideration is that other children of the same chronological age would have to visit on a regular basis to provide Jonny with the normalized interactive opportunities in which he will subsequently be expected to perform these skills. This would not be realistic considering that his parents both work outside the home and would be unavailable to assist with the implementation of this outcome. Another factor is that Jonny demonstrates the most limited interaction skills within his regular child care environment in contrast to within the home. This pattern is also reported in other similar environments with other children such as at birthday parties, Sunday School, and family reunions. Although Jonny would be most responsive to instruction within the home with his parents

present, providing the instruction within this setting would constitute circumvention of the discrepancy rather than providing an optimal setting for directly teaching and reinforcing the skill.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

The team finds this alternative unrealistic and inappropriate because of the potential for circumvention and the extent of supports required (creating a classroom setting within the home)

b. Child Care Setting

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny spends 8 hours a day, 4 days a week, in a child care setting. There are ample opportunities for interacting with other children in this setting because of the nature of the social curriculum for 3 and 4 year olds.

What are the variables that impact the appropriateness of that environment?

Although this setting provides an abundance of opportunities for this skill to be demonstrated, the child care facility staff do not feel comfortable in teaching this skill. Jonny obviously has not learned this skill with the instructional opportunities present in that environment. He has been attending the center for over a year and has made very little progress in developing interactive behaviors. Although abundant reinforcement is provided when children demonstrate appropriate social skills, Jonny is at an instructional level in this area and not at a practice level. With the exception of the need for specialized instruction, this environment would be very appropriate since it contains many opportunities to teach these skills including initial AM free play, sharing time, structured play time, motor activities, snack, afternoon free play, social skills instruction, and afternoon motor skills time.

Would this environment be appropriate with the necessary supports?

To provide the needed instruction in this setting, preschool staff would be required to go into the center. The child care provider is very interested in assisting but feels uncomfortable about providing the initial instruction. After an effective instructional routine has been developed, she would be very willing to provide practice and reinforcement throughout the day. Although a specialized instructor would be necessary on a daily basis for a 1/2 to 1 hour block of time to develop effective instructional strategies, no other supports would be necessary. The duration and frequency of the direct instruction visits can be faded out over time for these objectives as Jonny's skills in this area develop.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

This setting would be very appropriate with instructional support. Selection as the LRE is contingent on no other option discussed being more appropriate.

c. Early Childhood Special Education Classroom

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny could attend the early childhood special education classroom at Harlow Elementary School. The classroom is very structured and contains several opportunities to interact with other children. It utilizes reverse-mainstreaming for a part of each morning or afternoon session. This would allow Jonny an opportunity to work on these skills in a normalized play setting with other preschoolers who are not disabled. The teacher in this classroom is trained in the area of early childhood special education and has had extensive experience with other students with similar discrepancies.

What are the variables that impact the appropriateness of that environment?

One of the disadvantages to this setting is that Jonny already has all of the cognitive and fine motor skills that are stressed in the curriculum. In fact, the limited cognitive stimulation, in contrast to what is provided in the child care facility, would be viewed as a potential risk. Jonny's needs in the areas of language development and social skills development could not be as appropriately met in the early childhood setting as in the child care facility.

Would this environment be appropriate with the necessary supports?

To make all aspects of the program appropriate for Jonny's needs, modifications would be required. The number of peer models and the duration of their time in the program would need to be increased. The curriculum would have to be enhanced to include more challenging activities for Jonny's level of cognitive development and his language stimulation needs. Transportation would also be necessary to teach the targeted skills in this environment.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

The decision is contingent upon whether or not there are other needs best matched to the curricular focus of this setting. Although the setting could be made appropriate for this goal, it would require extensive modifications if this were to be the only setting used for intervention.

d. Combination of Early Childhood Special Education Classroom and Child Care Facility:

What are the elements within this setting that make it an appropriate setting in which to teach this skill?

Jonny could attend the early childhood special education classroom at Harlow Elementary School in either the morning or afternoon and continue in the child care center for the remainder of the day. This would provide him with the instruction in the interaction skills and access to normalized preschool activities in an age appropriate setting.

What are the variables that impact the appropriateness of that environment?

Although a combination of service setting options would appear appropriate, there are difficulties with this model. When considering the modifications required (transporting Jonny to Harlow Elementary for an hour a day of instruction or having him attend a half-day and then altering the curriculum and including more students who do not have disabilities), neither would appear to be the most expedient method. If he were to go to Harlow Elementary, he should be scheduled only for the duration of those activities stressing interaction. This schedule would not allow the child care provider an opportunity to observe the instruction and then provide opportunities to practice these skills across the curriculum and throughout the day.

Would this environment be appropriate with the necessary supports?

Supports which would be necessary to ensure appropriateness of this model would be to transport Jonny to Harlow Elementary School for 1 hour of instruction a day, and then provide consultation services to the child care provider. Video taping of instructional sessions could be used. This would have to be done in conjunction with some altering of routines within the early childhood classroom since none of the current interaction activities last more than 15 or 20 minutes. They would have to be clustered to give Jonny experiences in at least two of these activities. The impact of the appropriateness of the curriculum to the other students would then have to be addressed.

Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

The combination approach would not appear to address any of the difficulties effectively and creates additional problems. To make this approach appropriate, there would have to be two or three trips to Harlow Elementary per day with Jonny or the curriculum and schedule for the classroom would have to be changed.

LRE Setting most appropriate to the implementation of this goal/objectives when considering the total needs of the child:

Jonny's educational needs consist of support and specialized instruction in two critical domains of development: socialization and communication. His needs in all other areas (fine motor, gross motor, cognitive and preacademic) can best be met through continued involvement in his current community based child care facility. After a review of options for both targeted areas, the team agreed that the least restrictive setting appropriate to meeting the needs was the child care facility with specialized instruction provided by two special education teachers. The Early Childhood Special Education Teacher will spend 1/2 to 1 hour daily in the center initially. She will provide direct instruction on socialization skills using the normalized routines within that setting. After an effective instructional paradigm has been identified, the child care provider will be involved in the instruction and implement similar activities across the day. Subsequent program revisions will

determine the schedule and timelines for fading out the specialized instruction when and if that becomes appropriate. The Speech Language Therapist will spend 1/2 hour with Jonny, 3 times per week, for direct instruction in language concepts, pragmatics, and articulation. Consultation will also occur with the child care provider and parents on generalizing these skills across settings. Since Jonny does so well in other preacademic activities, no other supports appear necessary at this time.

The characteristics of service section, then, must address the critical parameters of the intervention including how the instruction will be delivered or how the behavior will be taught, reinforced, and shaped. Questions referenced in the IEP *Guidelines* as being necessary to address will have been answered as the result of completing this process.

Can the performance specified in this objective be met in the child's current preschool classroom without modifications or adaptations?

No

Can the performance specified in this objective be met in regular classroom activities if appropriate modifications are made?

Yes

Can the performance specified in this objective be met if the content difficulty is altered or if specially designed instruction (totally different) is provided?

Yes

Can the performance specified in this objective be met if supportive training related to the disability is provided (e.g. functional communication training, orientation and mobility, fine/gross motor development, etc.)?

Yes

LRE Planning Worksheet

Behaviors of Concern:	**Goal:**
Curriculum Reference:	**Objectives:**
Basis in Present Level of Performance:	
Parameters of the Behavior Being Addressed:	**Types of Activities That Will be Needed:**

Alternative Service Settings: (address at least three)	
Home Based Model	**Early Childhood Setting**
What are the elements within this setting that make it an appropriate setting in which to teach this skill?	What are the elements within this setting that make it an appropriate setting in which to teach this skill?
What are the variables that impact the appropriateness of that environment?	What are the variables that impact the appropriateness of that environment?
Would this environment be appropriate with the necessary supports?	Would this environment be appropriate with the necessary supports?
Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?	Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?

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Alternative Service Settings: (address at least three)	
Early Childhood Special Education Setting	**Part-time Early Childhood/Part-time Early Childhood Special Education**
What are the elements within this setting that make it an appropriate setting in which to teach this skill?	**What are the elements within this setting that make it an appropriate setting in which to teach this skill?**
What are the variables that impact the appropriateness of that environment?	**What are the variables that impact the appropriateness of that environment?**
Would this environment be appropriate with the necessary supports?	**Would this environment be appropriate with the necessary supports?**
Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?	**Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?**

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Alternative Service Settings: (address at least three)	
Itinerant Services Outside the Home	
What are the elements within this setting that make it an appropriate setting in which to teach this skill?	**What are the elements within this setting that make it an appropriate setting in which to teach this skill?**
What are the variables that impact the appropriateness of that environment?	**What are the variables that impact the appropriateness of that environment?**
Would this environment be appropriate with the necessary supports?	**Would this environment be appropriate with the necessary supports?**
Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?	**Of all the learning environments considered, does this appear to be the least restrictive environment that is appropriate for teaching this skill?**

LRE setting most appropriate to the implementation of this goal/objectives when considering the total needs of the child:

APPENDICES

APPENDIX A

APPENDIX PP-A. Crosswalk for Reporting Service Settings and Amount of Time by Service Setting on the SPECIS Record Entry Form and IEP

APPENDIX PP-B. Definitions for Eligibility

APPENDIX PP-C. An Alternative Procedure to Identify the Most Appropriate Learning Environment

APPENDIX PP-A

CROSSWALK FOR REPORTING SERVICE SETTINGS AND AMOUNT OF TIME BY SERVICE SETTING ON THE SPECIS RECORD ENTRY FORM AND IEP

To acquire funding, as well as for planning and program improvement purposes, information about children with disabilities is reported annually to the Department of Public Instruction. The original source of the information is typically the first page of the child's individualized education program (IEP), which includes an item for "Federal Child Count Setting." This item is completed after the IEP team has decided the most appropriate service setting(s) for the child. Each special education unit verifies these data and reports them to the Department of Public Instruction using the Special Education Child Information System (SPECIS). Children who are receiving services as documented on an individualized education program (IEP) on December 1 of each year are included.

Because service settings for young children may be somewhat different from those typical for school-age children, there is need to carefully define the criterion for each service setting so that persons providing the data do so in a consistent and accurate manner. This section describes how early childhood service settings must be coded using the existing SPECIS record entry form. In addition, it provides guidance in recording on the IEP form the amount of time a child is served in each setting.

Reporting Service Settings for Young Children with Disabilities on the IEP and the SPECIS Record Entry Form

The individualized education program (IEP) for a school district or special education unit typically includes an item on the first page that looks like this:

Federal Child Count Setting
A B C D E F G H I

The information recorded for this item is used to complete item 14 on the SPECIS Record Entry form (SFN 14054 (4-95), which appears as follows:

Use the following table to determine how an early childhood service setting will be coded on the IEP and on the SPECIS form.

	If the child's services are delivered in this Early Childhood Service Setting and meet this criterion on the IEP, Section J	Then use this Federal Child Count Code to complete IEP, Section C (page 1), and SPECIS
A.	**Early Childhood Setting:** includes sites such as general education kindergarten classes, public or private preschools, Head Start centers, child care facilities, etc. Children with disabilities are educated in these sites with nondisabled peers for 80%-100% of the day.	Code as ***A. Regular Class***
B.	**Early Childhood Special Education Setting:** includes segregated settings where children with disabilities are educated separately for 61% - 100% of the day, and are educated with nondisabled children for 0%-20% of the day.	Code as ***C. Separate Class*** if the child spends 61%-100% of the day in a self-contained setting
C.	**Homebased Early Intervention:** includes home or hospital settings. It does not have a percent of time component. This category also includes young children receiving special education or related services in home settings because the team has identified that environment as the most normalized setting for the needed intervention. Note on the IEP (Section J) whether this is a homebound placement or an early intervention home-based setting	Code as ***I. Homebound/Hospital***
D.	**Part-Time Early Childhood/Part-Time Early Childhood Special Education Setting:** Includes a combination of service sites, involving some amount of integration with nondisabled peers, with part-time placement in A. and part-time placement in C.	Code as ***B. Resource Room*** if the child spends 21% to 60% of the day in an integrated setting; **OR** Code as ***C. Separate Classroom*** if the child spends less than 21% of the day in an integrated setting.
E.	**Public Residential:** This column includes children who are served in publicly operated programs in which children receive care for 24 hours a day. This could include placement in public nursing home care facilities or public residential schools.	Code as ***F. Public Residential Facility***
E.	**Private Residential:** This column includes children who are served in privately operated programs in which children receive care for 24 hours a day. This could include placement in private nursing home care facilities or private residential schools.	Code as ***G. Private Residential Facility***

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If the child's services are delivered in this Early Childhood Service Setting and meet this criterion on the IEP, Section J		Then use this Federal Child Count Code to complete IEP, Section C (page 1), and SPECIS
F.	**Public Separate Day School:** This column includes children who are served in publicly operated programs set up primarily to serve children with disabilities that are not housed in a facility with programs for children without disabilities. Children must receive special education and related services in the public separate day school for 50% or more of the time served.	Code as ***D. Public Separate Day School***
F.	**Private Separate Day School:** This column includes children who are served in privately operated programs set up primarily to serve children with disabilities that are not housed in a facility with programs for children without disabilities. Children must receive special education and related services in the private separate day school for 50% or more of the time served.	Code as ***E. Private Separate Day School***
G.	**Itinerant Services Outside the Home:** This column includes children who receive all of their special education and related services at a school, clinic, or other location for a short period of time in individual or small group formats. On the IEP (Section J), use a footnote to indicate the type of therapy being received.	Code as ***I. Homebound/Hospital***
H.	**Reverse Mainstream Setting:** In programs utilizing reverse mainstreaming, the general education portion of the day can consist of that time of the day during which nondisabled peers are brought into the special education preschool classroom as long as the ratio consists of 50% or greater of nondisabled peers. See **A. Early Childhood Setting** and **B. Early Childhood Special Education Settings** (above) for the percentage of time during which the peers are present in the program.	Code as ***A. Regular Class*** if criteria describe Early Childhood Setting; **OR** Code as ***C. Separate Class*** if criteria describe Early Childhood Special Education Setting

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Recording Service Time for a Young Child with Disabilities on the IEP

Section J (Least Restrictive Environment Justification: Setting) of the IEP is used to record service time for each service setting. The "Setting" item for young children with disabilities will differ from that used for school age children, and is shown at the bottom of this page.

Identify the amount of time the child is served in each of the following service settings. If the child's schedule is the same every day, calculations can be made on the basis of a day. If each day of the week is somewhat different, but each week is the same, calculations should be done on the basis on a week. If there is variation in the child's schedule over a two week period (e.g., the child receives occupational therapy every second Tuesday), calculations should be made on a two week basis. Review the child's schedule to determine the block of time that is appropriate.

Next, identify the amount of instruction and related services time that is provided to the child **and that are paid for** by the school system. This will include time spent in general education, special education, or child care. Use the total time as the denominator in calculating the percentage of time the child is served in each of the service settings.

The following is offered as an example: The child receives, across all settings, a total of 15 hours of instruction and related services each week for which the school system pays. Of the 15 hours, the child receives twelve hours of service each week in a self contained setting in which he is educated with other children with disabilities. Therefore, *80%* (12/15 = 80%) should be entered for *Early Childhood Special Education Setting* under section J of the IEP.

In the above example, the Federal Child Count Code would be entered on the front page of the IEP and on the SPECIS Record Entry form as *C. Separate Class*. This was determined by using the crosswalk table provided earlier in this section to identify the appropriate Federal Child Count Code for a child who is served 80% of his service time in a self contained setting.

SETTING		Percent of Time/Week
	Regular education	
	Special education (select of not %100 regular education)	
	☐ limited special services (less than 21% of time/week)	
	☐ resource room services (21-60% of time/week)	
	☐ separate class services (more than 60% of time/week)	
	Integrated community	
	Other _____	
	TOTAL	100%

Note:
Please use this setting and site information to determine the federal child count placement category and enter in Part C, on front page of IEP.

APPENDIX PP-B

DEFINITIONS FOR ELIGIBILITY

According to North Dakota Guide I - Laws, Policies, and Regulations for Special Education for Children with Disabilities a child is eligible for early childhood special education services if he/she has been diagnosed as having a disability in one of the 13 recognized categories and requires specially designed instruction. Any preschool child enrolled in an approved program must have a diagnosed disability to a degree constituting a developmental barrier that requires special education to benefit from early childhood experiences. Services are available to children ages three through five. A child becomes eligible for special education services on his/her third birthday.

The categories used in special education as outlined under Part B, §300.7, of the Individuals with Disabilities Act are:

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance, as defined in this section.

Deafness means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects educational performance.

Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Hearing impairment means an impairment in hearing, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deafness" in this section.

Mental retardation means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

Multiple disabilities means concomitant impairments (such as, mental retardation-blindness, mental retardation-orthopedic impairment, etc), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic impairment means a severe orthopedic impairment which adversely

affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc), and impairments from other caused (e.g., cerebral palsy, amputations, and fractures or burns which cause contracture).

Other health impairment means having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

Serious emotional disturbance is a term that means:

(i) a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects educational performance:

(A) an inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) inappropriate types of behavior or feelings under normal circumstances;

(D) a general pervasive mood of unhappiness or depression;

(E) a tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Speech or language impairment means a disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's education performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as: cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-

solving, sensory perceptual and motor abilities, psychosocial behavior, physical function, information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects the educational performance of the child. The term includes both partial sight and blindness.

Young children with disabilities may have an identified primary and/or secondary disability as determined through the assessment process. Refer to the Assessment section of this document.

APPENDIX C

AN ALTERNATIVE PROCEDURE TO IDENTIFY THE MOST APPROPRIATE LEARNING ENVIRONMENT

Modification/Addition to Individual Education Plan Process and Form

The IEP team will follow the steps described below.

1. In developing the goals and objectives, review and consider the skills necessary to succeed at age three, four, or five whichever is the appropriate age for this child.

2. After developing the goals and objectives, review and consider the environments in which the skills can be acquired. Examples of a range of options is included in the first column of Table 1 (attached).

3. List the child's current environment(s). List this information in column 2 of Attachment PP-C1.

4. Answer the following question:

   Is it likely that this child will achieve his/her goals and objectives with special education and related services provided in his/her current environment(s)?

   Document this information on the child's IEP. See Item 1 in Attachment PP-C2 for a sample item that could be added to existing IEP forms. In answering this question, consider, at a minimum, the elements of the child's current environment(s) listed in Attachment PP-C3.

5. If it is not probable that in the current environment(s), for the child to master the goals and objectives identified in the IEP, discuss whether the current environment(s) could be modified. See Attachment PP-C4 for a sample list of factors that should be considered in making this decision.

6. Document the results of this decision in the IEP. See Item 2 in Attachment PP-C2 for a sample item which could be added to existing IEP forms.

7. After these decisions have been made, determine if it will be necessary to remove the child from his/her current environment(s) for the provision of special education and related services. Document this decision in the IEP. See Item 3 in Attachment PP-C2 for a sample item that could be added to existing IEP forms.

8. Discuss and identify the elements that must be present in any proposed environment. See Attachment PP-C5 for a sample list of factors that should be considered in making this decision.

9. Record elements of the environment of particular need and/or significance to this child on the IEP. This record is one of the most important steps in identifying and verifying the least restrictive environment in which this child can receive an appropriate special education and related services. See Item 4 in Attachment PP-C2 for a sample item which could be added to existing IEP forms. Alternatively, the IEP team could use the checklist from Attachment PP-C5 and append this to the IEP form.

10. After the team has identified the needs of the child; his/her goals and objectives; strategies to reach these goals and objectives; and the elements of the environment which are necessary for the implementation of the IEP, then the IEP team is ready to suggest specific environments in which special education and related services can be provided to the child. The team should consult the list in Column 1 of Attachment PP-C1 for a sample of the options which might be appropriate. More than one option should be discussed by the team. See Attachment PP-C6 for a sample that could be incorporated into existing IEP forms the IEP team should list specific environments that should be considered options for this child. This can be done by listing them in Column 3 of Attachment PP-C1 or by writing them into the IEP.

11. The IEP team should summarize the discussion regarding options considered, options rejected and options recommended. This summary should be written on the IEP. Appropriate selection of environments, and monitoring and verifying the appropriateness of environments selected, is dependent on the quality of the information contained in this documentation. Any minority or dissenting views should also be recorded with this information. A sample summary is provided in Attachment PP-C7.

12. The IEP team should identify the fiscal responsibilities of each party, e.g., by filling in Column 4 of Attachment PP-C1.

13. The LEA shall use its established policies and procedures for selecting placement options based upon the information and recommendations contained in the IEP.

ATTACHMENT PP-C1

SELECTION OF APPROPRIATE ENVIRONMENTS

Column 1 Potential Environments for Children Birth through Age 5	Column 2 Child's Current Environment(s)	Column 3 Recommended Options to Implement IEP	Column 4 Funding Sources
1. Community child development programs (nursery school and/or day care center)			
2. Self-contained preschool class located in community preschool facility allowing significant interaction between these classes.			
3. Combination placement where child receives some services in a community facility and some at a campus location.			
4. LEA/IEU operated program in the community with spaces available for community children on a tuition basis.			
5. LEA/IEU operated program in the community with spaces available for school faculty as an employee benefit or on a tuition basis.			
6. Head Start program.			
7. Recreation program in the community (e.g., "Gymboree", YMCA/YWCA, libraries, community "camps", etc.)			
8. Home			

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Column 1 Potential Environments for Children Birth through Age 5	Column 2 Child's Current Environment(s)	Column 3 Recommended Options to Implement IEP	Column 4 Funding Sources
9. Babysitter's or family member's home			
10. Self-contained class in a regular elementary school, including significant interactions with preschool children who do not have disabilities			
11. Self-contained class with regular, frequent, & systematic (i.e., "significant") interactions with peers from other preschool programs			
12. Self-contained class on campus where other preschool programs also operate classes and there is significant interaction between the two programs			
13. Campus-based program for children with special needs with a reserved percentage of slots for faculty or community children			
14. Slots in programs operated under other federal, state, and/or local initiatives (e.g. protection services, workfare, daycare, drop-out prevention programs, etc.)			

ATTACHMENT PP-C2

MODIFICATION/ADDITION TO IEP FORM:

1. Is it likely that this child will achieve his/her goals and objectives with special education and related services provided in his/her current environment(s)? (Consider such factors listed in Attachment PP-C3.)

   Decision: ____ Yes ____No

   Rationale for this decision: _____

   _____

2. Can the current environment be modified/adapted to meet the child's needs?

   Decision: ____ Yes ____No

   Rationale for this decision: _____

   _____

3. Does appropriate implementation of this child's IEP require any/some removal of this child from the child's typical environment?

   ____ Yes ____No

   Rationale for this decision: _____

   _____

4. If the typical environment cannot be reasonably adapted so that the IEP can be implemented, what elements are necessary to implement the IEP? (Consider such factors listed in Attachment PP-C5.)

   Elements: _____

   _____

   _____

ATTACHMENT PP-C3

ANALYSIS OF CHILD'S CURRENT ENVIRONMENT

Factors to consider:

- interaction with peers who do not have special needs
- language/social/physical/cognitive/adaptive stimulation
- capabilities of this environment (as appropriate to each child's needs)
- equipment available
- availability of personnel (therapists and teachers)
- adult interaction and supervision

ATTACHMENT PP-C4

OPTIONS TO CONSIDER TO ADAPT CURRENT ENVIRONMENT

- Can staff be added?
- Can experiences with peers who do not have special needs be added?
- Can equipment be bought/provided?
- Can physical environment be modified?

ATTACHMENT PP-C5

ELEMENTS OF ENVIRONMENTS THAT SHOULD BE CONSIDERED

A. Meets minimum standards (check those items of relevance):

___ Health code
___ Safety and fire codes
___ Child care requirements
___ Other program requirements: _____
___ NAEYC or other certification/endorsement

B. Qualifications of available/potential personnel:_____

_____

C. Travel time/location of program relative to child's home:_____

_____

D. Accessibility of program/environment:_____

_____

E. Ratio of children/staff:_____

_____

F. Number of children with special needs/children with no identified special needs:____

_____

G. Schedule:_____

H. Age range of children in proposed environment:_____

_____

I. Equipment available/possible:_____

_____

J. Parent involvement activities:_____

_____

K. Identified preschool curriculum (if applicable):_____

_____

L. Signed agreement that environment will comply with Part B requirements:_____

_____

M. Other:_____

_____

_____

ATTACHMENT PP-C6

CONSIDERATION OF SPECIFIC ENVIRONMENTS

1a. Option Considered: _____

_____

1b. Advantages: _____

_____

_____

Disadvantages: _____

_____

_____

2a. Option Considered: _____

_____

_____

Disadvantages: _____

_____

_____

3a. Option Considered: _____

_____

_____

3b. Advantages: _____

_____

_____

Disadvantages: _____

_____

_____

4. **OPTION(S) RECOMMENDED**: _____

_____

_____

Rationale for recommended options:

_____

_____

_____

_____

_____

ATTACHMENT PP-C7

SAMPLE SUMMARY OF RATIONALE FOR RECOMMENDATIONS

Three settings were considered as possible options for the delivery of the special education and related services needed by Marcus: his home, his family day care home, and a play group. Since Marcus lives in a remote area where there are no day care centers or center based nursery schools, these options were not considered. Because implementation of his IEP requires interaction with peers in his community who do not have disabilities, self-contained options were also ruled out.

- The social worker and parents felt that modifying his home environment to provide opportunities for interactions with typical peers and other adaptations necessary would cause unnecessary disruption for other members of the family.

- Based on a visit to the day care home, the therapists thought that this would not be the most appropriate setting in which to implement the IEP. There are too many children to ask the child care provider to address the goals and there are different children coming each day. However, the speech pathologist recommended that she meet periodically with the child care provider to reinforce certain communication strategies.

- The play group has four children led by a mother with child development training and is held in the 4-H building twice a week, in the morning. The school early childhood specialist and Marcus' father visited the play group and reported that the social, language, and motor goals can be addressed in this setting. They also reported that the play group leader is willing to work with the team in implementing the IEP.

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